Arkansas Health Information Technology Executive Committee Meeting

DR. JOSEPH THOMPSON
SURGEON GENERAL, STATE OF ARKANSAS
FEBRUARY 12, 2010
ARKANSAS CENTER FOR HEALTH IMPROVEMENT
EXECUTIVE CONFERENCE ROOM
11:00 AM TO 1:00 PM

I. Announcement—Connect Arkansas

For the NTIA's second round of funding, Connect Arkansas will act as the state's lead agency in the following ways:

- **Comprehensive Community Infrastructure** - Connect Arkansas will provide maps and general inquiries into this program category for organizations interested in submitting their own applications. Likewise, Connect Arkansas requests that all agencies submitting an application also submit a secure copy to the Connect Arkansas office for a briefing regarding the applications with the governor's office.
- **Public Computer Centers** - Given the direction the NTIA has gone with the first round of proposals, Connect Arkansas requests that organizations develop and submit their own PCC applications during this round. In doing so, the governor's office has requested agencies also submit a copy of their proposals to the Connect Arkansas office for inclusion on the briefing for the governor's proposal endorsements to the NTIA
- **Sustainable Broadband Adoption** - Connect Arkansas will engage collaborative organizations to develop and submit a comprehensive statewide application. Connect Arkansas has posted an "Intent to Participate" form on its Web site, www.connect-arkansas.org, for interested parties.

The applications for the second round of broadband stimulus funding will be available Feb. 16 at www.broadbandusa.gov. All program applications are due March 15.

II. Workgroup Updates

- Technical Infrastructure Workgroup (John Ahlen)
- Governance Workgroup (Paul Halverson)

III. Announcement—Changes with Fox Systems→ Cognosante

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IV. Upcoming Webinars

V. Ethical Standards for the HIE Process

VI. Meaningful Use Overview

Meaningful Use: Overview of Stage 1 Criteria

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HIE EXECUTIVE COMMITTEE

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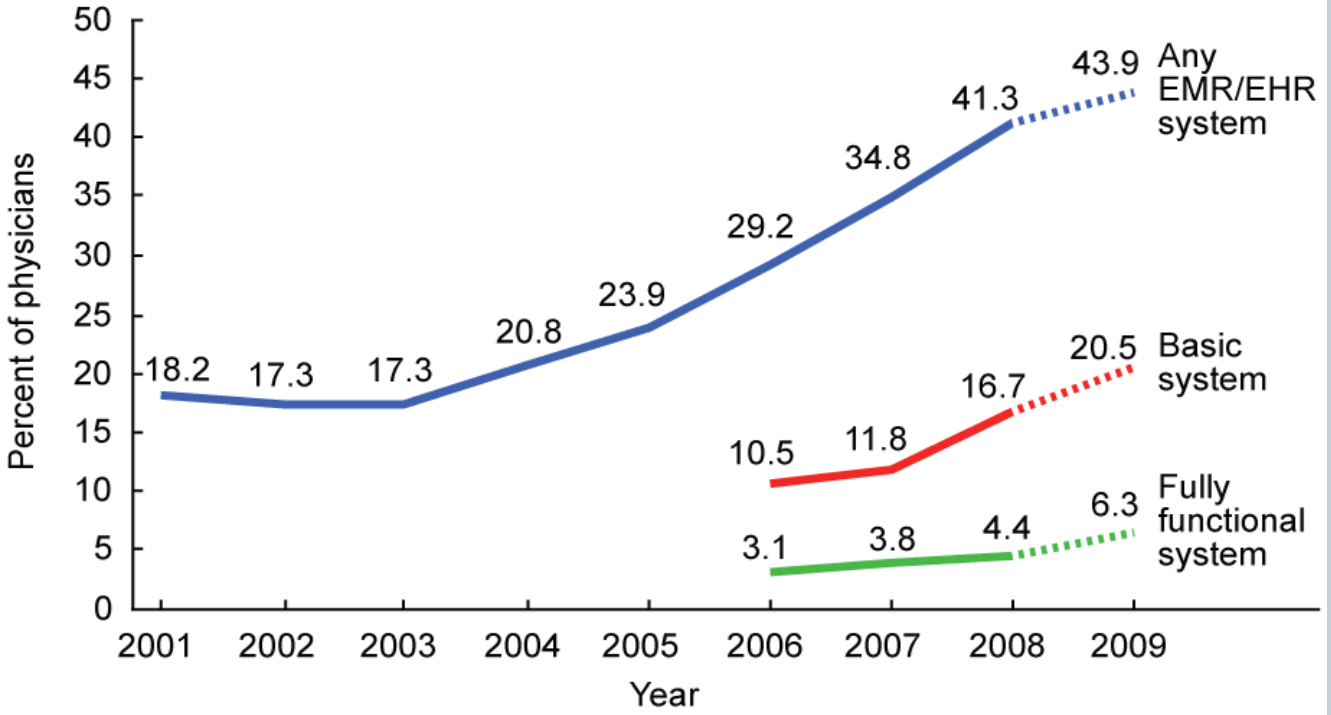
FEBRUARY 12, 2010

Outline

- Current State of HIT Dissemination
- HITECH's Response
- Overview of Meaningful Use Stage 1 Criteria

The Current State of Affairs

Figure. Percentage of office-based physicians using electronic medical records/electronic health records (EMRs/EHRs): United States, 2001–2008 and preliminary 2009



NOTES: Any EMR/EHR is a medical or health record system that is either all or partially electronic (excluding systems solely for billing). The 2009 data are preliminary estimates (as shown on dashed lines), based only on the mail survey. Estimates of basic and fully functional systems prior to 2006 could not be computed because some items were not collected in the survey. Starting in 2007, the skip pattern after the all or partial EMR/EHR systems question was removed. Includes nonfederal, office-based physicians. Excludes radiologists, anesthesiologists, and pathologists.
SOURCE: CDC/NCHS, National Ambulatory Medical Care Survey.

Hospital adoption

- Hospitals (2008):
  - 10 percent basic.
  - 1.5 percent comprehensive.
  - Large percentages with pieces of EHR.

Source: DesRoches CM et al. Electronic health records in ambulatory care—a national survey of physicians. *N Engl J Med.* *359(1):50-60, 2008 Jul 3.*

Barriers HIT Adoption and Effective Use

- Market Failures
- Technology and Logistics
- Absent Platform for Exchange
- Privacy and Security Concerns

The Federal Government's Response: HITECH

- Establishes the revolutionary goal of **Meaningful Use.**
- Systematically addresses barriers to adoption:
  - Money/market reform
  - Technical assistance, support and better information
  - Health information exchange
  - Privacy and security

Provider Incentives—Market Reform

- Medicare and Medicaid Incentive Programs
  - Start in January, 2011
  - Max Incentives
    - Medicare - $44,000
    - Medicaid - $63,750
  - Can only be eligible for one program
  - Eligible professionals defined differently by program

Eligibility Requirements

- **Medicare Eligible Professionals**
  - a doctor of medicine or osteopathy
  - a doctor of dental surgery or dental medicine
  - a doctor of podiatric medicine
  - a doctor of optometry
  - a chiropractor
- **Medicaid Eligible Professionals**
  - Physician
  - Dentist
  - Certified nurse mid-wife
  - Nurse practitioner
  - Physician assistant (Rural health clinic or FQHC)
- **Non-Hospital Based**

Medicare Incentive Program

- Total Maximum Incentive $44,000
  - Year 1 - $15,000 ($18,000 in 2011 & 2012)
  - Year 2 - $12,000
  - Year 3 - $8,000
  - Year 4 - $4,000
  - Year 5 - $2,000
- The incentive increases by 10 percent if the provider is in an area designated as a health professional shortage area
  - Year 1 through 5 – Maximum of $48,400
- No incentives for providers adopting after 2014
- Penalties for non-adoption start in 2015

Medicare Provider Incentives by Adoption Year

Meaningful User	2009	2010	2011	2012	2013	2014	2015	2016	Total Incentive
2011			$ 18,000	$ 12,000	$ 8,000	$ 4,000	$ 2,000		$ 44,000
2012				$ 18,000	$ 12,000	$ 8,000	$ 4,000	$ 2,000	$ 44,000
2013					$ 15,000	$ 12,000	$ 8,000	$ 4,000	$39,000
2014						$ 12,000	$ 8,000	$ 4,000	$ 24,000
2015 +									$ Penalties

Medicaid Incentive Program

- Eligible professionals will receive 85% of the average allowable cost of implementing and using an electronic health record
  - Year 1 average allowable costs are capped at $25,000
  - Year 2 through 6 costs are capped at $10,000 each year
- Total Maximum Incentive - $63,750
  - Year 1 – Maximum of $21,250
  - Year 2 through 6 – Maximum of $8,500 each year
- The incentive amount is adjusted by two-thirds for pediatricians and children's hospitals
  - Year 1 through 6 – Maximum of $42,500
- No incentives for providers who adopt after 2016
- No penalties under the Medicaid Program

HITECH Response to Gaps in Technical Assistance, Technology, Human Resources

- $693 million
  - 70 Regional Extension Centers.
  - Health Information Technology Research Center.
- $564 million
  - Promote HIE through State leadership.
- $118 million
  - Training over 40,000 new personnel.

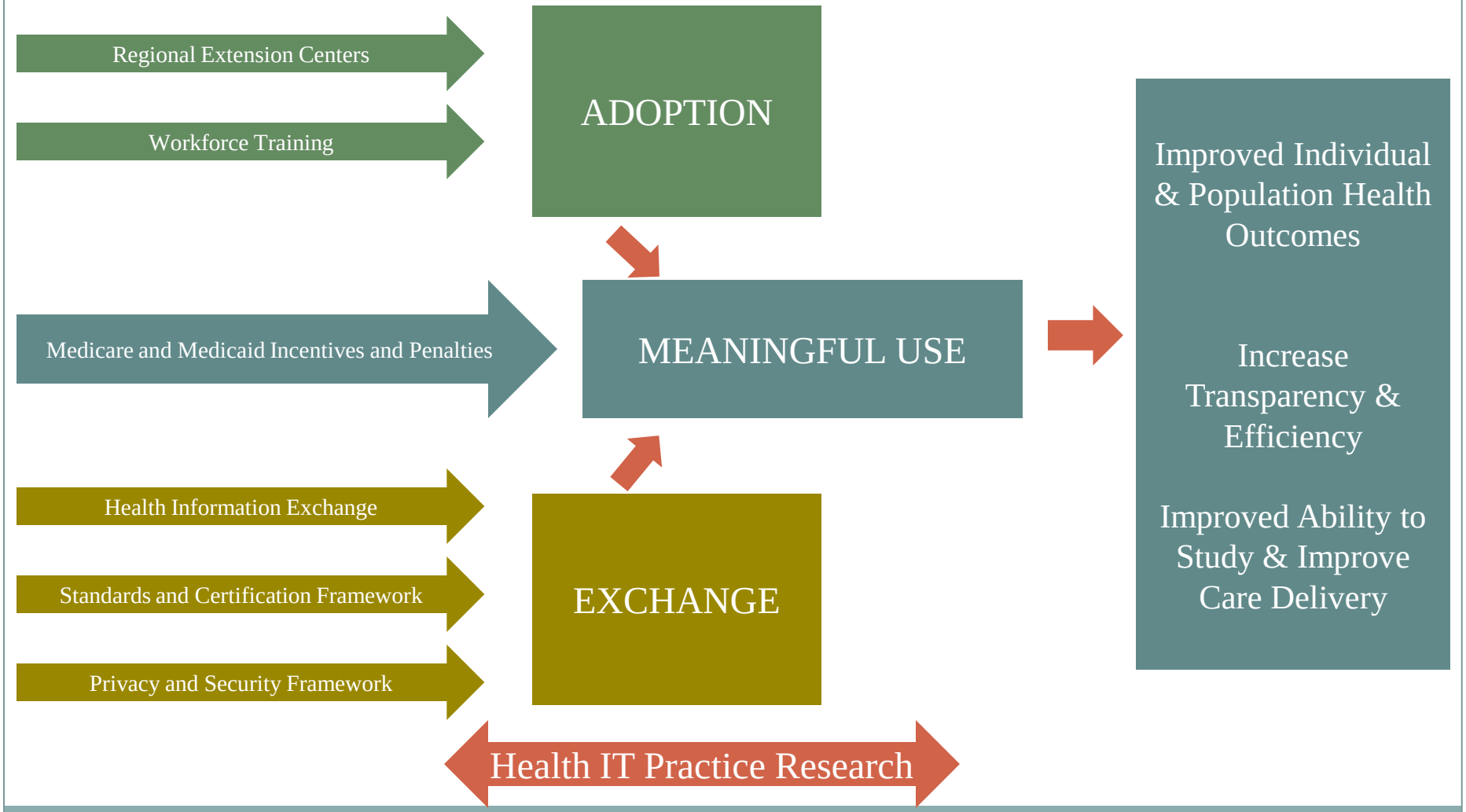
The Federal Government has Adopted a Solutions-Based Strategy

Obstacle	Intervention	Funds Allocated
Financial Resources	Medicare and Medicaid Incentive Program for "Meaningful Use."	$27 B*
Technical Assistance	Regional Extension Centers	$643 M
Human Resources	Workforce Training Programs	$118 M
Information Sharing	National Health Information Network & Standards and Certification	$64.3 M
Exchange	Health Information Exchange	$564 M
Technology	Strategic Health Information Technology Advance Research Projects	$60 M
Breakthrough Examples	Beacon Communities Program	$235 M

Source: US Department of Health & Human Services – ONC.

Meaningful Use Stage 1 Criteria

HITECH FRAMEWORK: MEANINGFUL USE AT CORE



Source: US Department of Health & Human Services – ONC.

Status and Size of Regulations

- Released as a Notice of Proposed Rule Making (NPRM) for public comment on December 30, 2009.
- 556-page document was posted officially in the Federal Register on January 13, 2010, and includes a 60-day comment period.
- Final rule is anticipated by late Spring to allow hospitals to prepare for their incentive program in October 2010 and providers to prepare for their program in January 2011.

Meaningful Use in Practice

Stage 1 – 2011	Stage 2 – 2013	Stage 3 – 2015
● Electronically capturing health information in a coded format ● Using that information to tract key clinical conditions ● Communication that information for care coordination purposes ● Initiating the reporting of clinical quality measures and public health information.	● Disease management ● Clinical decision support ● Medication management ● Support for patient access to their health information ● Quality measurement and research ● Bi-directional communication with public health agencies.	● Improvements in quality, safety and efficiency ● Decision support for national high priority conditions ● Access to self management tools ● Access to comprehensive patient data, and improving population health outcomes.

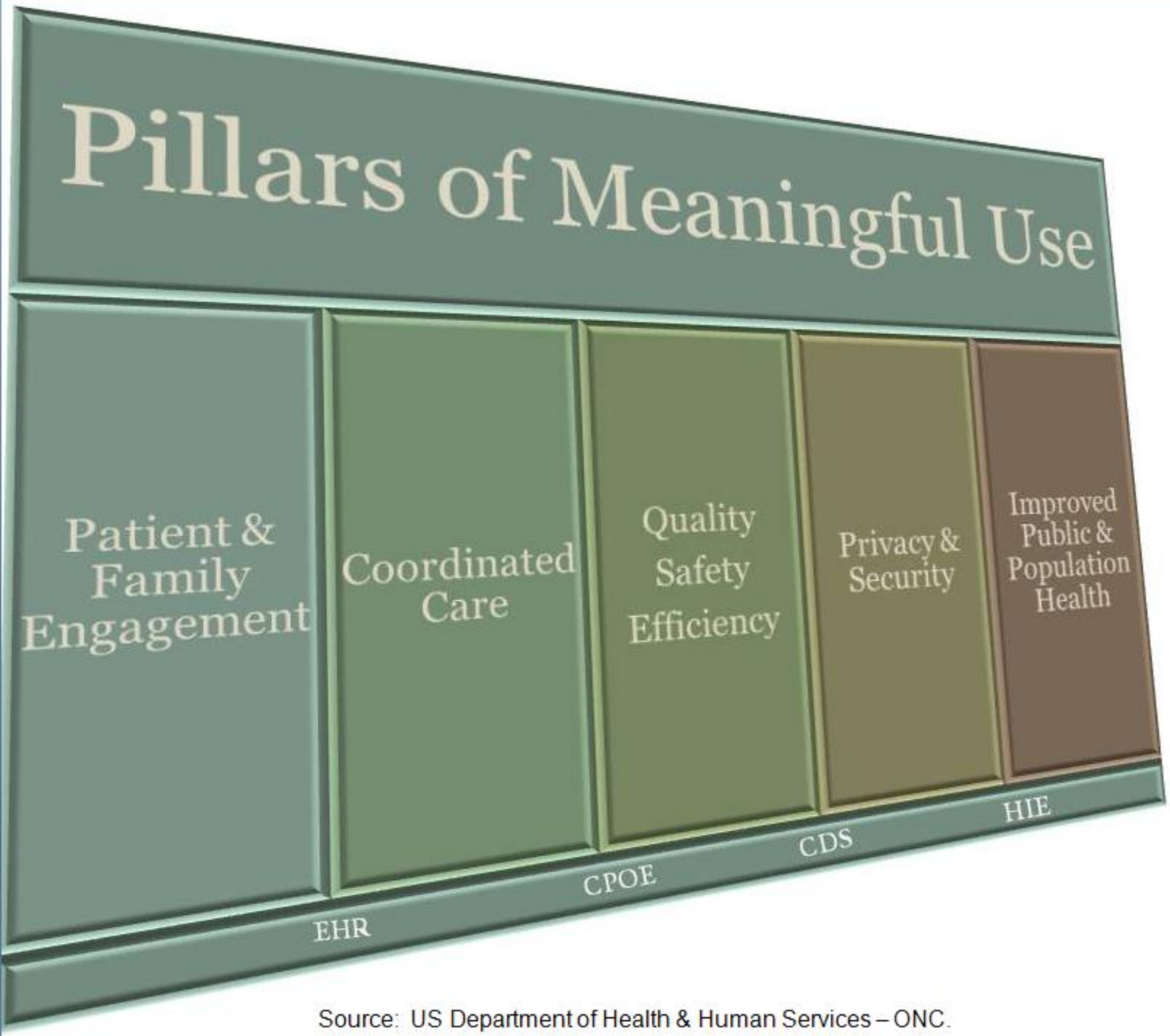
Source: US Department of Health & Human Services – ONC.

Stages of Meaningful Use Timeline

First Payment Year	CY 2011	CY 2012	CY 2013	CY 2014	CY 2015 and later**
2011	Stage 1	Stage 1	Stage 2	Stage 2	Stage 3
2012		Stage 1	Stage 1	Stage 2	Stage 3
2013			Stage 1	Stage 2	Stage 3
2014				Stage 1	Stage 3
2015 and later*					Stage 3

*Avoids payment adjustments only for EPs in Medicare EHR Incentive Program
**Stage 3 criteria of meaningful use or a subsequent update to criteria if one is established.

Source: US Department of Health & Human Services – ONC.



Source: US Department of Health & Human Services – ONC.

Stage 1 Health Outcomes Policy Priorities

1. Improving quality, safety, efficiency, and reducing health disparities
2. Engage patients and families in their health care
3. Improve care coordination
4. Improve population and public health
5. Ensure adequate privacy and security protections for personal health information

1. Improving quality, safety, efficiency, and reducing health disparities

Care Goals:

1. Provide access to comprehensive patient health data for patient's health care team
2. Use evidence-based order sets and CPOE
3. Apply clinical decision support at the point of care
4. Generate lists of patients who need care and use them to reach out to patients
5. Report information for quality improvement and public reporting

1. Improving quality, safety, efficiency, and reducing health disparities

Sampling of Stage 1 Measures in this priority:

1. For eligible professionals (EP's), CPOE is used for at least 80% of all orders.
2. At least 75% of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology.
3. At least 80% of all claims filed electronically by the EP.
4. Report ambulatory quality measures to CMS or states. (**See next 2 slides**)
5. Implement 5 clinical decision support rules relevant to the clinical quality measures.

1. Improving quality, safety, efficiency, and reducing health disparities

Core Quality Measures for Eligible Professionals – 2011:

- Preventive care and screening:
  - Inquiry regarding tobacco use
- Blood pressure management
- Drugs to be avoided by the elderly:
  - Patients who receive at least one drug to be avoided
  - Patients who receive at least two different drugs to be avoided

1. Improving quality, safety, efficiency, and reducing health disparities

Different Quality Measures for the following Specialties:

Must select a specialty	
Cardiology	Psychiatry
Obstetrics and Gynecology	Ophthalmology
Pulmonology	Proceduralist/Surgery
Neurology	Podiatry
Endocrinology	Primary Care
Oncology	Radiology
Pediatrics	Gastroenterology
Nephrology	

2. Engage patients and families in their health care

Care Goal:

1. Provide patients and families with timely access to data, knowledge, and tools to make informed decisions and to manage their health.

2. Engage patients and families in their health care

Stage 1 Measures in this priority:

1. At least 80% of all patients who request an electronic copy of their health information are provided it within 48 hours
2. At least 10% of all unique patients seen by the EP are provided timely electronic access to their health information
3. Clinical summaries are provided for at least 80% of all office visits

3. Improve care coordination

Care Goal:

1. Exchange meaningful clinical information among professional health care team.

3. Improve care coordination

Stage 1 Measures in this priority:

1. Performed at least one test of certified EHR technology's capacity to electronically exchange key clinical information
2. Perform medication reconciliation for at least 80% of relevant encounters and transitions of care
3. Provide summary of care record for at least 80% of transitions of care and referrals

4. Improve population and public health

Care Goal:

1. Communicate with public health agencies

4. Improve population and public health

Stage 1 Measures in this priority:

1. Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries
2. Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies (unless none of the public health agencies to which an EP submits such information have the capacity to receive the information electronically)

5. Ensure adequate privacy and security protections for personal health information

Care Goals:

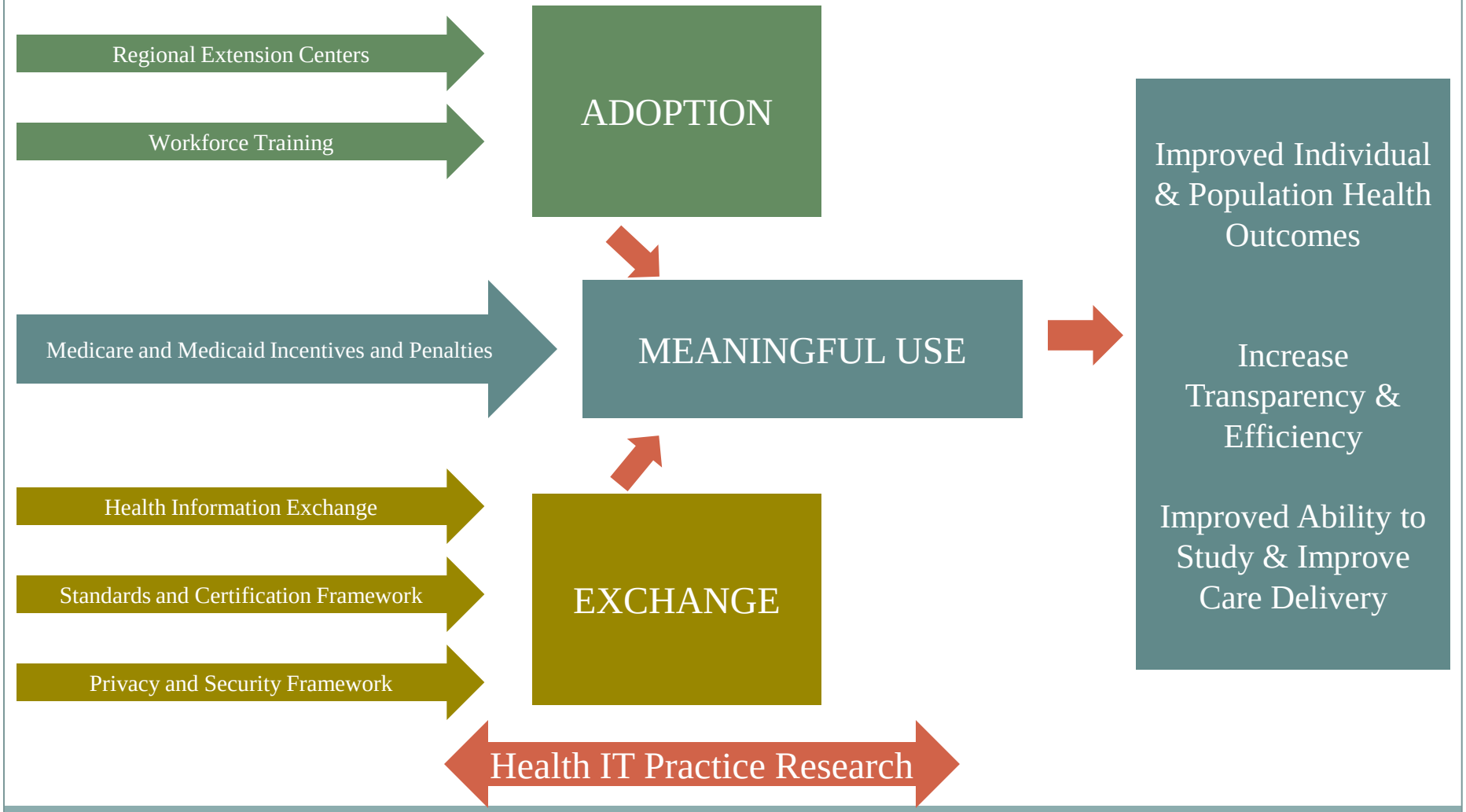
1. Ensure privacy and security protections for confidential information through operating policies, procedures, and technologies and compliance with applicable law.
2. Provide transparency of data sharing to patient.

5. Ensure adequate privacy and security protections for personal health information

Stage 1 Measures in this priority:

1. Conduct or review a security risk analysis and implement security updates as necessary

HITECH FRAMEWORK: MEANINGFUL USE AT CORE



Source: US Department of Health & Human Services – ONC.

Discussion

1. How does the HIE effort directly tie into the providers' achievement of meaningful use?
2. What entities need to be connected into the HIE to help providers achieve meaningful use?
3. What data is currently unavailable (or not transmitted), but is needed to meet meaningful use through the HIE?

VII. Timeline Update